

CIVIL ACTION COVER SHEET		DOCKET NUMBER	Trial Court of Massachusetts The Superior Court	
PLAINTIFF(S):	Kara B. Quinn as Personal Representative of the Estate of Kevin P. Qui	COUNTY	Barnstable	
ADDRESS:	18 Bag River Road, Mashpee, MA 02649			
		DEFENDANT(S): Mickey A. Rivera, Personal Representative, Estate of Mickey A. Rivera and Marcela E. Furey		
ATTORNEY:	John C. Menoog, III			
ADDRESS:	450 South Street, Hyannis, MA 02601	ADDRESS:	280 Ridge Street, Apt. 2, Fall River, MA 02721	
			31 Jonas Drive, Mashpee, MA 02649	
			31 Jonas Drive, Mashpee, MA 02649	
RRO:	567481			
TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)				
CODE NO.	TYPE OF ACTION (specify)	TRACK	HAS A JURY CLAIM BEEN MADE?	
B08	Wrongful Death	A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
*If "Other" please describe:				
<div style="display: flex; justify-content: space-between;"> <div> <p>Is there a claim under G.L. c. 93A?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> </div> <div> <p>Is this a class action under Mass. R. Civ. P. 23?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> </div> </div>				
STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A				
The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.				
TORT CLAIMS (attach additional sheets as necessary)				
A. Documented medical expenses to date:				
1. Total hospital expenses				\$0.002.01
2. Total doctor expenses				\$0.00
3. Total chiropractic expenses				\$0.00
4. Total physical therapy expenses				\$0.633.00
5. Total other expenses (describe below)				\$0.00
Subtotal (A):				\$3,635.01
Ambulance				
B. Documented lost wages and compensation to date				\$0.000.00
C. Documented property damages to date				\$0.00
D. Reasonably anticipated future medical and hospital expenses				\$0.00
E. Reasonably anticipated lost wages				\$0.716,000.00
F. Other documented items of damages (describe below)				\$0.00
G. Briefly describe plaintiff's injury, including the nature and extent of injury.				
Wrongful Death/Conscious pain & suffering				
TOTAL (A-F):				\$1,615,635.01
CONTRACT CLAIMS (attach additional sheets as necessary)				
<input type="checkbox"/> This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement Mass. R. Civ. P. 8.1(a).				
Provide a detailed description of claim(s)				
TOTAL: \$				\$
Signature of Attorney/ Unrepresented Plaintiff: X <i>John C. Menoog, III</i>				Date: Feb 20, 2019
RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.				
CERTIFICATION PURSUANT TO SJC RULE 1:18				
I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.				
Signature of Attorney of Record: X <i>John C. Menoog, III</i>				Date: Feb 20, 2019